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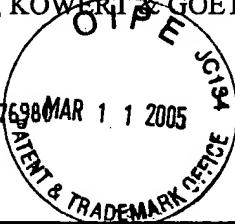
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35690 7590 01/26/2005

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL,
P.C.
P.O. BOX 398
AUSTIN, TX 78767-0398
03/14/2005 EHAILE2 00000075 501505

0987698 MAR 1 1 2005

01 FC:1501 1400.00 DA
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Jeffrey C. Hood

(Depositor's name)

J.C. Hood

(Signature)

3/7/2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
0987698	06/08/2001	Ram Rajagopal	5150-53300	9951

TITLE OF INVENTION: SYSTEM AND METHOD FOR SCANNING A REGION USING A LOW DISCREPANCY CURVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/26/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANG, JON CARLTON	2623	382-195000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____ Jeffrey C. Hood
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

National Instruments Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5150-53300 (enclose an extra copy of this form).

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Authorized Signature *J.C. Hood*

Date *3/7/2005*

Typed or printed name Jeffrey C. Hood

Registration No. *35,198*

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